

Antenatal Care Practices at Primary Health Centre In North Karnataka: A Cross-Sectional Study.



Medical Science

KEYWORDS: Antenatal care (ANC), IFA tablets, Pregnancy, Primary health centre

Ganesh Anantrao Mane	Department of Public Health
Mubashir Angolkar	Department of Public Health
Kamal Patil	Department of Obstetrics and Gynaecology, J.N. Medical College, KLE University, Belagavi, Nehru Nagar, Karnataka, India.
Ashwini B. Narasannavar	Department of Public Health
Ashutosh Shrestha	Department of Public Health
Bijendra Banjade	Department of Public Health
Jitendra Kumar Sah	Department of Public Health

ABSTRACT

Background: Antenatal care refers to pregnancy related care provided by health worker either in a medical facility or at home. Objectives: To know the current antenatal care practices in rural community of Vantamuri Primary Health Centre (PHC). Material and methods: A total of 390 women who delivered in the three sub centres of Vantamuri PHC, Belagavi district between 1st November 2009 to 31st October 2010 were interviewed at home. Predesigned and self administered questionnaire was used to collect the information. Results: 100% women had at least one antenatal visits. 7% had two antenatal visits, 26% had three antenatal visits & majority i.e. 66% of women had more than three antenatal visits. 35% women consumed more than 100 IFA tablets. Conclusion: This finding has opened new gateways for further research and carries a lot of future benefit in addressing antenatal care and health education at grass root level in rural community to minimize the unhealthy practices during antenatal period.

Introduction

Antenatal care refers to pregnancy related care provided by health worker either in a medical facility or at home. In India, Private health system plays an important role in health service provision as proper public health facilities are not available and whichever public health facilities are available are lacking in providing the services. Utilization of obstetric health care depends on several factors. Social, cultural and economic factors directly related with it. Apart from socioeconomic factors women's education, birth order & standard of living index have impact in selection of health care facility. It is found that most of the pregnant women of Indian household, mainly in rural areas, receive antenatal care from public health providers than private provider 1.

In theory, antenatal care should address both the psychosocial and medical needs of the woman in context of the health care delivery system and surrounding culture. Antenatal care has major functions such as it can be used for early detection of some complications like high blood pressure, anemia and malpresentation. Antenatal care helps the woman to take decision that whether to stay at home or seek the help. Antenatal visits play a vital role in preparing the woman and her family for birth by establishing confidence between the woman and health care provider and by individualizing promotional messages 2.

According to National Family Health Survey (NFHS-3), 22.3% women consumed IFA tablets for 90 or more days in India. 79.3% women received three antenatal visits, 40% women consumed IFA tablets for 90 or more days and the percentage of institutional delivery is 66.9% in Karnataka 3. Hence this study has been undertaken to know the current antenatal care practices in the study area.

Material and Methods

A cross-sectional study was conducted for one year period i.e. from 1st November 2009 to 31st October 2010 among women who

delivered in three sub centres of Vantamuri PHC under JN Medical College of KLE University, Belagavi district. The sample size of 390 was calculated based on the population of three randomly selected sub centres of Vantamuri PHC viz. Vantamuri sub centre, Honaga sub centre, Bhutramatti sub centre is approximately 19500. The crude birth rate of Vantamuri primary health centre is 20/1000 population. Therefore,

The sample size = CBR X Total population of three sub centre

The sample size = 20 X 19500/1000

The sample size = 390

Vantamuri PHC in Belagavi district has five sub centres. Vantamuri sub centre, Honaga sub centre, Bhutramatti sub centre were selected out of five by simple random sampling. All the pregnant women of third trimester were enrolled in this study and who were unwilling to participate were excluded. Ethical clearance was obtained from the Ethics Committee of KLE University and written informed consent from participants was obtained. A predesigned and self administered questionnaire was used to collect information on socio-demographic variables and antenatal care practices. Questionnaire was administered to eligible women by house to house visit by the investigator after obtaining informed consent those who met the inclusion criteria. Data analysis was done by calculating percentage, rates and proportion.

Results

In the present study, majority (76%) women were in the age group of 18-25 years. 11% women were unaware of their age whereas 8% women were between 26-29 years of age and 5% women were between 30-35 years of age. Mean age at Marriage was 18 years. 92% women belonged to the Hindu religion while 8% were Muslim participants. A large proportion (81%) of the women was housewives. 12% women worked in the farm & 5%

women worked for daily wages. A small number belonged to the semi skilled group (2%) such as Anganwadi cook, small scale business etc. Majority of women belonged to joint family. More than two third of women belonged to BPL families. About 43% women were literate.

It was encouraging that 100% women had at least one antenatal visits among which 7% had two antenatal visits, 26% had three antenatal visits & majority i.e. 66% women had more than three antenatal Visits (Table no. 1). 72% women were checked by ANM, 23% women were checked by doctor and 6% were checked by both doctor and ANM. 98% women took TT injection.

35% women consumed more than 100 IFA tablets. 24% women consumed 61-100 IFA tablets. 30% women consumed 31-60 IFA tablets and 10% women consumed 1-30 IFA tablets. Three women did not know how many IFA tablets they have consumed. 8 women did not consume IFA tablets. (Table no. 2)

61% women registered themselves in the first trimester, 30% registered between 12-20 weeks of gestation. 6% women registered between 20-28 weeks of gestation & only two women registered after 28 weeks. 7 women did not remember the time of registration (Graph no. 1). 64% women took treatment from Government Hospital & 36% took from Private Hospital for problems during pregnancy (Table no. 3). 11% women were aware about JSY and 40% women were beneficiaries of the same.

Table no. 1: Antenatal Visits

Antenatal Visits	Number	Percentage
One	1	1
Two	26	7
Three	103	26
More than Three	260	66
Total	390	100

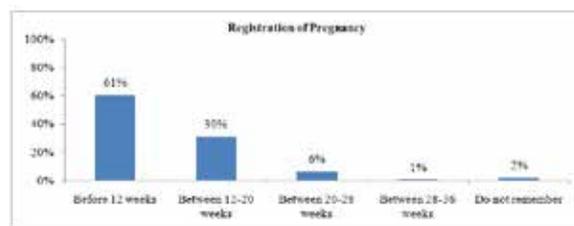
Table no. 2: IFA tablets Consumption

IFA Consumption	Number	Percentage
1-30	38	10
31-60	116	30
61-100	92	24
More than 100	133	35
Don't Know	3	1
Total	382	100

Table no. 3: Problems during Pregnancy

Problems	Number	Percentage
Swelling	3	8
Swelling and severe headache	2	6
Pain in Abdomen	20	55
severe headache	1	3
Other	10	28
Total	36	100

Graph no. 1: Registration of Pregnancy



Discussion

In the present study, an attempt has been made to determine the existing antenatal care practices in villages under three sub centres of Vantamuri Primary Health Centre. In this study all 390 women were participated. Majority (76%) of the women were between 18-25 years of age, 5% were above 30 years of age and 11% women did not know their age. Majority of women were Hindu i.e. 92% and 8% were Muslims. More than three quarters of the women were housewives (82%), 12% were farmer and 5% worked for daily wages. More than half of the women were illiterate (57%). The mean age at marriage was 18 years and 32% women got married below 18 years of age. The socioeconomic status of majority of women was BPL (78%) and remaining were APL (22%). Similar study by Khan, et al in 2007 at peri urban area of Aligarh shows that 92 mothers were included in the study. Out of these 73.2% mothers were illiterate or just literate and 26.1% mothers were literate. 84.8% mothers were between 20-30 years of age and 15.2% were between 30-40 years of age. Majority of women belongs to nuclear family i.e. 60.9% and others belong to joint family i.e. 39.1% 4.

All women received at least one antenatal visit. 93% women received three or more than three antenatal visits during their pregnancy and all were checked by health personnel such as doctor, ANM etc. 61% women were registered in first trimester. 98% women took TT immunization and only eight women did not received TT immunization. 35% women consumed more than 100 IFA tablets, 40% women consumed less than 60 IFA tablets and 24% women consumed 60 to 100 IFA tablets. Eight women did not consume IFA tablets. A prospective study conducted at rural Karnataka reveal that 93% mothers had health care contacts at least once. 85% women reported that they consumed prescribed IFA tablets during the entire period of pregnancy. 97.5% women received TT immunization 2.

A study conducted by M. Rani et al shows that 93.4% women from south India received at least one antenatal care visit. 69.6% women received four or more than four antenatal visits and 59.1% registered in first trimester. 95.1% women received the TT immunization and 88.1% women consumed iron supplements 5. Similar study done by Singh et al shows that 75% women had two antenatal visits and only 1.4% women had all three antenatal visits. 20.8% women had no antenatal checkup throughout their pregnancy. 75% women had received the TT immunization and only 23.6% women had consumed 100 IFA tablets 6.

Study conducted by Jha Ranjit et al shows that out of 211 mothers, 96.68% had minimum three antenatal visits. Almost all of the women had received TT immunization. Majority of women received TT immunization from government sources i.e. 72.04% and 25.59% women received TT immunization from private sources. Around 90% of the mothers received and consumed at least 100 iron and folic acid tablets during the entire period of pregnancy 7.

Another study conducted by Lal S et al in 1996-98 at ten sub centres shows that 95.2% women were registered. Out of them 27.7% were registered within 16 weeks. 94.8% women received three antenatal visits. 94.8% women received two TT immuniza-

tion and 5.8% women consumed 100 IFA tablets during the entire period of pregnancy 8.

In present study the antenatal coverage status is good.

Conclusion

The present study indicates that the antenatal care coverage in study area was satisfactory. 93% women received three or more than three antenatal visits and all women received at least one antenatal visit. Though antenatal coverage was good but still women were reluctant in consumption of IFA and early registration was also not of the standard. Nearly 40% of the women were registered after 12 weeks. Eight women were hesitant in taking TT immunization. This finding has opened new gateways for further research and carries a lot of future benefit in addressing antenatal care and health education at grass root level in rural community to minimize the unhealthy practices during antenatal period.

Acknowledgement

We thank all who supported directly and indirectly for the completion of research.

REFERENCE

1. Bharati S, et. al. (2007). Obstetric care practice in Birbhum District, West Bengal, India. *Int J Qual Health Care*; 19:244-49. | 2. Matthews Z, et. al. (2001). Antenatal Care, Care- seeking and Morbidity in Rural Karnataka, India: Results of a Prospective Study. *Asia Pac Popul J*; 16:11-28. | 3. International Institute for Population Sciences, Mumbai. National Family Health survey (NFHS-3), Karnataka 2005-06. Available from <http://dhsprogram.com/pubs/pdf/SR128/SR128.pdf>. | 4. Khan Z, et. al. (2009). Poor Perinatal Care Practices in Urban Slums: Possible Role of Social Mobilization Networks. *Ind J Com Med*; 34:102-7. | 5. Rani M, et. al. (2008). Differentials in the quality of antenatal care in India. *Int J Qual Health Care*; 20:62-71. | 6. Singh S, et. al. Determinants of utilization of Maternal and Child health services in a rural area of Uttar Pradesh, India. Available from: <http://sites.google.com/a/ijmch.org/www/home/volume-12-october-december-2010/determinants-of-utilization-of-maternal-and-child-health-services>. | 7. Jha RK, et. al. Utilization of Maternal Health care Services in Kancheepuram District, Tamil Nadu. Available from: <http://sites.google.com/a/ijmch.org/www/home/volume-12-october---december-2010/utilization-of-maternal-health-care-services>. | 8. Lal S, et. al. (2001). Coverage and Quality of Maternal and Child Health Services at Sub centre Level. *Ind J Com Med*; 26:16-20.